| Growing roots Spring and summer 2021 Application | | |
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| Participant Information | | |
| Name: | | |
| Date of birth: | Age: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Living situation (I.E: AFC, with parents, etc.): | | |
| Will participant have transportation each day? | | |
| Contact info for person transporting participant: | | |
| Will the participant have a family member or aid staying with them during the program? YES NO | | |
| If yes, please provide contact information:   |  | | --- | | attendance | | Participant is applying for (circle all that apply): Spring Break Sessions, Spring Sessions, Summer Sessions  How many days per week will the participant attend? 1 2 3 4 I don’t know/would like to discuss further  Please indicate the days and time frames that the participant is available to attend. We will let you know which sessions we have open in your available time frames. Sessions are 1 hour in length.  Wednesday - \_\_\_\_\_\_ to \_\_\_\_\_\_\_  Thursday - \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_  Friday - \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_  Saturday - \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ | | | |
| Special accomodations | | |
| Does the participant have a food allergy or sensitivity? YES NO | | |
| If yes, please describe: | | |
| Does the participant have any physical accommodations that need to be made for him/her? YES NO | | |
| If yes, please describe: | | |
| Please describe any behaviors or triggers that we should be aware of and how to address them. | | |
| Any other medical conditions we should be aware of? | | |
| Emergency Contact #1 | | |
| Name: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |
| Emergency Contact #2 | | |
| Name: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |
| More about the participant | | |
| Please tell us about the participant’s strengths, passions, and interests:  . | | |
| What are the participant’s goals and or skills they would like to work on? | | |
| Signatures | | |
| I authorize the verification of the information provided on this application. | | |
| Signature of applicant: | | Date: |
| Signature of Guardian (if applicable) | | Date: |